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Only

FESAN018

FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

SECRETARY OF THE SENATE

(Revised 02/2003)

For An Authorized Committee					16 APRod 50 AM 4: 53				
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		Example: If typover the lines.	oing, type	12FE4	M5			
Friends of Pat Toomey			<u> </u>						
	<u> </u>	1 1 1)	, , , 1	
ADDRESS (number and street)	228 S. Washington	St., Ste. 115							
Charle is also			11111			1 1 1		1	
Check if different than previously reported. (ACC)	Alexandria				VA	22314	 - [<u></u>	
2. FEC IDENTIFICATION NU	MBER ▼	CITY		_	STATE A		ZIP CODE	A	
C C00461046	3.	IS THIS REPORT	NE (N)	w OR	AME (A)	NDED	STATE ▼	DISTRICT	
			-				<u> </u>		
4. TYPE OF REPORT (Cho (a) Quarterly Reports: April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly January 31 Year-End Termination Report (1)	port (Q1) port (Q2) Report (Q3) Report (YE) (c)	Election or	ST-Election Re	P) (12C) (12	Runoff ((12S) ¥	in the State of Specin the	off (12R)	
5. Covering Period 01	مکا العموا ۱	4 Y Y Y Y 2014	through	M M M M 03	/ [31]	/ Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	State of	<u> </u>	
certify that I have examined this	Report and to the b	est of my ki	nowledge and	belief it is tr	ue, correct ar	nd complet	e.		
Type or Print Name of Treasurer	Lisa Lisker					,			
Signature of Treasurer Lisa Li.	iker Sen	RX	2		Date 04	/ 67) / Y Y 20	014	
IOTE: Submission of false, erroneou	ıs, or incomplete infor	rmation may	subject the per	son signing t	this Report to	the penaltie	s of 2 U.S.C	, §437a.	
Office Use							FORM 3		